



COLORADO

Department of Health Care Policy & Financing

Posting Date: July 17, 2020

This posting serves as notification of SFY 2020-21 Specialty Hospital Base Rates for all specialty hospitals participating in Health First Colorado. Individual letters will not be issued to each hospital. This method of communicating hospital rates has been approved by Hospitals participating in our Hospital Engagement Meetings that occur every other month. Information about past and upcoming Hospital Engagement Meetings is available at <https://www.colorado.gov/pacific/hcpf/hospital-engagement-meetings>.

Hospital Base Rate Decrease SFY 2020-21: The specialty hospital base rates reflect the 1% provider rate decrease effective July 1, 2020, as mentioned in HB 20-1360. The rates in this letter show a 1% decrease of the specialty hospital base rates that were effective July 1, 2019.

Request for Informal Reconsideration or Appeal: Reimbursement rates for specialty hospital services were calculated according to the regulations of the Health First Colorado Program. If you disagree with these figures, you may file a written request for informal reconsideration with the Department within thirty (30) days from the “posting date” listed in this communication. The request shall state the specific component of the rate the Provider wants reconsidered and the Provider’s position. Requests that do not comply with the requirements of this section shall be considered incomplete and shall be denied.

If you desire an informal reconsideration for your hospital’s July 1, 2020 Specialty Hospital Base Rate, please send your written request including your position as to each identified concern regarding the rate determination to:

Andrew Abalos
Fee-for-Service Rates Section
Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

You may file an appeal of the decision on the informal reconsiderations with the office of administrative courts, as set forth at 10 C.C.R. 2505-10, Section 8.050.3.A-D:

A. “A Provider, other than a nursing facility whose notice of Adverse Action is regarding a rate determination, may appeal a notice of Adverse Action by filing a written appeal within thirty (30) calendar days from the date on the Notice of Adverse Action. The appeal shall be filed with the Office of Administrative Courts, Department of Personnel and Administration 1525 Sherman Street, Fourth Floor, Denver, CO 80203.

B. The appeal shall specify the basis upon which the Provider appeals the Adverse Action.



COLORADO

Department of Health Care
Policy & Financing

C. The date of filing the appeal shall be the date the Office of Administrative Courts receives the appeal. Failure to file a timely appeal shall result in dismissal of the appeal.

D. No recovery of an overpayment shall be implemented until the appeal process has been completed.”

Copies of the appeal shall be sent to:

Jennifer Weaver
First Assistant Attorney General
Department of Law, Health Care Unit
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 6th Floor
Denver, CO 80203

Andrew Abalos
Fee-for-Service Rates Section
Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

You may choose to file a formal appeal instead of requesting an informal reconsideration. You have thirty (30) days from the posting date listed in this communication to submit your formal appeal according to the instructions in 8.050.3.A-D detailed above.

To summarize, you have thirty (30) days from the posting date on this communication (8/16/2020) to request an informal reconsideration or submit a formal appeal if pertinent. If you have any questions regarding this process or hospital reimbursement, please contact Andrew Abalos at andrew.abalos@state.co.us or 303-866-2130.

Any hospital interested in additional information regarding their base rate calculation is always welcome to contact Andrew Abalos at andrew.abalos@state.co.us or 303-866-2130.

FY 2020-21 Health First Colorado Specialty Hospital Base Rates

Provider NPI	Provider Name	Original Rates				Proposed Rates Effective 7/1/2020			
		Stepdown 1	Stepdown 2	Stepdown 3	Stepdown 4	Stepdown 1	Stepdown 2	Stepdown 3	Stepdown 4
1003892563	KINDRED HOSPITAL AURORA	\$ 2,198.58	\$ 2,088.65	\$ 1,984.22	\$ 1,885.01	\$ 2,176.59	\$ 2,067.76	\$ 1,964.38	\$ 1,866.16
1104813484	NORTHERN COLORADO REHAB HOSP	\$ 1,019.60	\$ 968.62	\$ 920.18	\$ 874.18	\$ 1,009.40	\$ 958.93	\$ 910.98	\$ 865.44
1124402854	VIBRA HOSPITAL OF DENVER	\$ 2,198.58	\$ 2,088.65	\$ 1,984.22	\$ 1,885.01	\$ 2,176.59	\$ 2,067.76	\$ 1,964.38	\$ 1,866.16
1164496006	ENCOMPASS HEALTH REHAB HOSP OF CO SPRING, INC	\$ 1,019.60	\$ 968.62	\$ 920.18	\$ 874.18	\$ 1,009.40	\$ 958.93	\$ 910.98	\$ 865.44
1205483716	PAM SPECIALTY HOSPITAL OF DENV	\$ 2,198.58	\$ 2,088.65	\$ 1,984.22	\$ 1,885.01	\$ 2,176.59	\$ 2,067.76	\$ 1,964.38	\$ 1,866.16
1407299662	COLORADO ACUTE LONG TERM HOSPI	\$ 2,198.58	\$ 2,088.65	\$ 1,984.22	\$ 1,885.01	\$ 2,176.59	\$ 2,067.76	\$ 1,964.38	\$ 1,866.16
1407375249	VIBRA REHABILITATION HOSPITAL	\$ 1,019.60	\$ 968.62	\$ 920.18	\$ 874.18	\$ 1,009.40	\$ 958.93	\$ 910.98	\$ 865.44
1598830267	NORTHERN COLORADO LTAH	\$ 2,198.58	\$ 2,088.65	\$ 1,984.22	\$ 1,885.01	\$ 2,176.59	\$ 2,067.76	\$ 1,964.38	\$ 1,866.16
1669955720	ENCOMPASS PAHS REHABILITATION	\$ 1,019.60	\$ 968.62	\$ 920.18	\$ 874.18	\$ 1,009.40	\$ 958.93	\$ 910.98	\$ 865.44
1730144593	CRAIG HOSPITAL	\$ 2,904.13	\$ 2,758.93	\$ 2,620.98	\$ 2,489.93	\$ 2,875.09	\$ 2,731.34	\$ 2,594.77	\$ 2,465.03
1841244639	SPALDING REHABILITATION HOSPIT	\$ 1,019.60	\$ 968.62	\$ 920.18	\$ 874.18	\$ 1,009.40	\$ 958.93	\$ 910.98	\$ 865.44
1861577439	KINDRED HOSPITALS WEST LLC	\$ 2,198.58	\$ 2,088.65	\$ 1,984.22	\$ 1,885.01	\$ 2,176.59	\$ 2,067.76	\$ 1,964.38	\$ 1,866.16

Please contact Andrew Abalos at andrew.abalos@state.co.us for questions.